			-	ALTH OF MISSO				4000
FILED JUL	5 - 19 5 \$	STAND	ARD CERTIF	ICATE OF D	EATH	Stat	e File No	1833
BIRTH NO		REG. DIST.	NO. 128	PRIMARY REG. DIS	т. но	OOD Rea	istrar's No	<u>55/</u>
1. PLACE OF DE	ATH			2 USUAL RES	IDENCE (W	bere decemmed	lived. If ins	titution: residenc
a. COUNTY Gr	reene			a. STATE Mi	<u>ssouri</u>	b. CC	G	reene "
b. CITY (If outside so OR TOWN Spri	orporate limite, write R Lngfield	URAL and give township	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Ash	Grove		d. In Res a city Yes	idence within limits or incorporated tov
A FULL NAME OF	(If not in boundted on in	estitution, give stre	et address or location)	STREET ADDRESS	(If rural, (rive location)		039
	Harrison	Rest Ho	me					
3. NAME OF DECEASED	a. (First)	b.	. (Middle)	c. (Last)		4. DATE OF 7	(Month)	(Day) (Y
(Type or Print)	LOUELLA		н.	THURMOND		DEĂTH J	Tune_2	5, 195
5. SEX / 6.	COLOR OR RACE	7. MARRIED, I	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In ye		
Female'	White.	Widow		March 22	. 1879			
10a. USUAL OCCUPATIO		10b. KIND OF	BUSINESS OR IN-	11. BIRTHPLACE	(City and State	e or Foreige G	ountry)	12. CITIZEN OF
done during most of work! HOUSOWIFE		Home	DUSTRI	Danville				COUNTRY!
- MOUSEWLLE 3a. FATHER'S NAME			MOTHER'S MAIDEN			E OF HUSBA	ND OR WIF	
Matthew I		1 _	cv Kirtle		-		rmond	
15. WAS DECEASED EVE	ER IN U.S. ARMED I	FORCES? 16.	SOCIAL SECURITY	17. INFORMAN	T'S SIGNA	TURE OR	N AM E	ADDRI
(Yes no, or unknown) (I	f yes, give war or dates	of service) No	ne No.	Nellie M	orris.	Ash G	m ve.	
		1 240		CERTIFICATION		A	.10 vc,	INTERVAL BET
18. CAUSE OF DEATH								
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	ONDITION ING TO DEATH*(a) Cerel		nou	Pore	78	6/2 L
line for (a), (b), and (c)	ì			bas Th		10000	78	1/ Y = 41
*This does not mean	ANTECEDENT CA	AUSES	G-			sclene	sis	1/ Y = 41
*This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT CA	AUSES	G-	bas Th		sclere	مرزح	1/ Y = 41
line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ì	AUSES s, if any, giving [[] ause (a) stating ise last.	G-	bas Th		bose sclere	sis	1/ Y = 41
iline for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	ANTECEDENT CA	AUSES s, if any, giving lause (a) stating use last.	DUE TO (c)	bas Th		sclera	sis Sis	1/ Y = 41
iline for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	ANTECEDENT CA Morbid conditions rise to the above on the underlying cau II. OTHER SIGNIF Conditions contrib	AUSES s, if any, giving tause (a) stating use last. FICANT CONDIT nating to the death	DUE TO (b) Seu	bas Th		sclera	us Sis	1/ Y = 41
Iline for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA-	ANTECEDENT CA Morbid conditions rise to the above on the underlying cau II. OTHER SIGNIF Conditions contrib related to the disea	AUSES s, if any, giving the seast. If the seast the sea	DUE TO (b) OUE TO (c) OUS but not using death.	bas Th		sclere	osis S	1/ Y = 41
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line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, ar complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE	ANTECEDENT CA Morbid conditions rise to the abore at the underlying cau 11. OTHER SIGNIF Conditions contrib related to the disea 19b. MAJOR FINE (Bpecity)	AUSES s, if any, giving I ause (a) stating ise last. FICANT CONDIT FICANT CONDIT See or condition car DINGS OF OPER 21b. PLACE OF IN home, farm, factory	DUE TO (b) DUE TO (c) DUE TO	bad The evelyed f	round DR TOWNSHIP			20. AUTOPSY
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba by me, or by

working under my personal supervision...

Student Embalmer No.

Signature of Student Embalmer Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.